

Case Number:	CM14-0003816		
Date Assigned:	02/05/2014	Date of Injury:	05/13/2010
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 05/13/10. She was diagnosed with lumbar sprain and cervical sprain with discogenic disease. The diagnoses included bilateral shoulder periscapular sprain and she is status post bilateral wrist carpal tunnel releases, bilateral thumb trigger releases, and has bilateral thumb carpometacarpal (CMC) arthritis. She has been using an H-wave device for a prolonged period of time. On 06/13/13, a pain management consultation was pending. An epidural steroid injection (ESI) was under consideration. She was given medications. The handwritten notes are largely illegible. On 08/15/13, [REDACTED] stated that she had limited benefit from medication and was using an H-wave unit along with her home-based functional restoration program. On 10/10/13, after 107 days of use, the claimant stated the H-wave was more helpful than past treatments, but she was not using medications. She reported 30% improvement and had a pain level of 8/10 prior to beginning use. She was using it twice a day for less than 30 minutes, seven (7) days per week. She said it would help to decrease the numbness. A home H-wave device was also recommended on 11/02/13. On 12/10/13, [REDACTED] recommended that she continue her home exercises. She was to continue Ultram extended-release (ER). On 01/06/14, after 195 days of use, she reported the same results but was using it once per day for 30 to 45 minutes. She stated she felt better with use. On 01/27/14, she saw [REDACTED] and was taking Ultram ER. [REDACTED] had recommended cervical ESI's at two (2) levels. She still had burning pain on the left side of her neck and could not sleep. It was constant with numbness and tingling of the left 1st to 3rd fingers. She was using the H-wave unit two (2) times per day and stated she had less pain and less spasm and increased range of motion. She was able to do her activities of daily living (ADLs) better.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DURABLE MEDICAL EQUIPMENT (DME): HOME H WAVE DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE UNITS, 117-118

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE UNITS, 148

Decision rationale: The history and documentation do not objectively support the request for the ongoing use of an H-wave device. It is not clear whether rental or purchase has been recommended. The Chronic Pain Guidelines indicate that "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." In this case, there is no evidence that the claimant tried a TENS unit and failed to get relief. Also, the claimant stated that during the H-wave trials, she was not taking medications and despite the use of the H-wave, which was described as providing benefit to her (of 30%), epidural steroid injections (ESIs) and Ultram extended-release (ER) have since been recommended. Therefore, there is no evidence that the claimant has failed medication trials or that her pain is under adequate control as a result of the use of this device. The request for ongoing use has not been shown to be medically necessary.